



Application for License Retailer Status

For Office Use Only	
Received	_____
Entered	_____
Contacted	_____

Business Name	Federal Tax ID
_____	_____

Primary Business Contact Name (last, first)	Business E-mail Address (if available)
_____	_____

Business Telephone Number	Business Fax Number
_____	_____

Business Address

City	State	Zipcode	County (if in Indiana)
_____	_____	_____	_____

Is this a corporate account with multiple stores? YES _____ NO _____

If yes, is a corporate account desired? YES _____ NO _____

ATTACH COPY OF VOIDED CHECK IN THIS AREA

I certify that the information contained on this application is true and correct. I am authorized to sign or act on behalf of the business identified above. I authorize the State of Indiana, Department of Natural Resources, Division of Fish & Wildlife to withdraw funds from my account for payment for sales of Fish & Wildlife licenses. In the event of non-sufficient funds, I understand that my account will be charged a \$27.50 fee for each occurrence.

Bank Name	Routing Number (10 digits)	Account Number
_____	_____	_____

Signature of account holder

Date